

Jan. 30. 2019 4:27PM

## STATE OF SOUTH CAROLINA

## (Caption of Case)

Example: Application for a Class C Charter Certificate from  
John Doe dba Doe's Limo

**Application for a Class E Household Goods  
Certificate from The Moving Squad**

No. 0941 P. 1

**BEFORE THE  
PUBLIC SERVICE COMMISSION  
OF SOUTH CAROLINA**

## TRANSPORTATION COVER SHEET

DOCKET

NUMBER: 2019 - 55 - T

If this is your first time filing an application with the PSC, you will not have a Docket Number. The Commission will assign one to you. If you have filed with the Commission before, a Docket Number was assigned and should be entered above.

(Please type or print)

Submitted by: Michael Nicholson

Telephone: 803-319-8111

Address: 150 Drooping Leaf Dr

Fax:

Lexington, SC 29072

Other:

803-931-2662

Email: nicholson\_98@yahoo.com / 97ridebig@gmail.com

NOTE: The cover sheet and information contained herein neither replaces nor supplements the filing and service of pleadings or other papers as required by law. This form is required for use by the Public Service Commission of South Carolina for the purpose of docketing and must be filled out completely.

## NATURE OF ACTION (Check all that apply)

☐ Application - Class A/A Restricted☐ Request for Name Change on Certificate☐ Application - Class C Taxi☐ Request to Amend Scope of Authority☐ Application - Class C Charter☐ Request to Amend Tariff (rate increase, etc.)☐ Application - Class C Charter Bus☐ Request to Amend Passenger Limit☐ Application - Class C Non-Emergency☐ Request☐ Application - Class C Stretcher Van☐ Exhibit☒ Application - Class E Household Goods☐ Late-Filed Exhibit☐ Application - Class E Hazardous Waste☐ Letter☐ Application☐ Proposed Order☐ Request for Extension to Comply with Order☐ Publisher's Affidavit☐ Request for Order Granting Authority to Obtain a Certificate of Public Convenience and Necessity to be Rescinded☐ Reservation Letter☐ Request for Cancellation of Certificate☐ Response☐ Request for Suspension☐ Return to Petition☐ Request for Reinstatement☐ Other:

**RECEIVED**  
JAN 30 2019  
PSC SC  
CLERK'S OFFICE

If you have any questions about this form, please contact the PUBLIC SERVICE COMMISSION at 803-896-5100.

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PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA  
101 Executive Center Drive, Suite 100  
Columbia, South Carolina 29210

Phone: (803) 896-5100 FAX: (803) 896-5199

APPLICATION FOR CERTIFICATE OF PUBLIC CONVENIENCE AND NECESSITY FOR OPERATION OF  
MOTOR VEHICLE CARRIER

Select Class: (Check one)

Date: 01-18-2019

- ☒ E (HHG) - Household Goods  
☐ E (HAZ) - Hazardous Material

**IMPORTANT!** If application is to amend scope of authority, a current annual report must be on file with the Commission before application will be accepted. If application is for a NEW CERTIFICATE, do not submit annual report.

Check one:

- ☒ New Application  
☐ Amended Scope of Authority

Current Scope:  
(list counties)

Amended Scope:  
(list counties)

1.

The Moving Squad, LLC

Name under which business is to be conducted (corporation, partnership, or sole proprietorship, with or without trade name.)

150 Drooping Leaf Dr Lexington, SC 29072

Street Address of Applicant

Mailing Address of Applicant (if different from street address)

803-319-8111 / 803-931-2662

Phone

n/a

FAX

nicholson\_98@yahoo.com / 97ridebig@gmail.com

Email Address

2. If the Applicant is an LLC or a corporation, a copy of the Certificate of Existence from the South Carolina Secretary of State and the Articles of Incorporation must be attached. (If incorporated outside of SC, attach South Carolina Secretary of State "Foreign Corporation" Certificate.)

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## 3. Select Entity Type: (Check one)

- ☐ Individual Owner/Sole Proprietorship
- ☒ Partnership - List names and address of all person having an interest in the business.
- ☐ Corporation - List names and addresses of two principal officers.

Michael Nicholson 150 Drooping Leaf Dr Lexington, SC 29072

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Tim Quarles 1491 Trinity Dr Columbia, SC 29209

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## 4. Is applicant certified to provide intrastate transportation of household goods in another state: (Check one.)

- ☐ Yes ☒ No

*If yes, attach a letter from the regulatory agency in the state(s) stating applicant is in compliance with the rules and regulations of said state agency.*

## 5. Has applicant been convicted of operating with no intrastate household goods authority or failure to abide by the rules and regulations pertaining to the intrastate transportation of household goods in this state or any other state? (Check one.)

- ☐ Yes ☒ No

*If yes, list dates and nature of convictions below.*

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## 6. Has applicant ever had a certificate authorizing the transportation of household goods revoked in this state or any other state? (Check one.)

- ☐ Yes ☒ No

*If yes, list dates and nature of revocations below.*

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Applicant is financially able to furnish the services as specified in this application and submits the following statement of assets and liabilities.

### Financial Statement

Applicant's assets and liabilities are as follows:

<u>Assets:</u>		<u>Liabilities:</u>	
Value of Real Estate	0	Mortgage/Loan on Real Estate	0
Value of Motor Vehicles	9,500	Loans Owed on Motor Vehicles	0
Cash on Hand	1,000	Business/Other Loans Owed	0
Cash in Bank	1,000	Other Liabilities or Debts	0
Value of Other Assets and Equipment	0	<b>Total Liabilities</b>	0
<b>Total Assets</b>	11,500		

### INSTRUCTIONS:

1. "Value of Real Estate" means the actual or estimated market value of any real property/buildings owned by the Company/Business Applying for a Certificate.
2. "Mortgage/Loan on Real Estate" means the outstanding balance on any Mortgage, Equity Line or other Loan secured by the Real Estate listed in Item 1.
3. "Value of Motor Vehicles" means the actual or fair estimated value of any moving vans, trucks or other vehicles owned by the Company/Business Applying for a Certificate.
4. "Loans Owed on Motor Vehicles" means the outstanding balance on any loans or liens on the vehicles listed in Item 3.
5. "Cash on Hand" is the total of actual cash held by the Company/Business applying for a Certificate on the day this form is filled out.
6. "Business/Other Loans Owed" means the outstanding balance on any small business loan or other unsecured loan made by a person, bank or business to the Business/Company applying for a Certificate.
7. "Cash in Bank" means the current balance in checking accounts, savings accounts or the like in the name of the Company/Business applying for a Certificate. Do not include retirement accounts or personal bank account balances.
8. "Value of Other Assets and Equipment" should include the actual or estimated value of items such as office equipment (computers/furnishings), moving equipment (hand trucks/blankets/strapping), and trailers.
9. "Other Liabilities or Debts" means specific amounts/balances which the Company/Business applying for a Certificate knows that it owes to other persons or companies; for example Franchise Fees. This does NOT include regular bills such as electricity bills, security system costs, insurance, salaries, etc.

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**PROPOSED RATES AND CHARGES FOR SERVICE****Proposed Rates and Charges (List only maximum charges per mile or trip, and/or hourly rate):**

We will bill by the hour until our 2 hour minimum is met. Then we will bill in 15 minute intervals. Billing time starts and stops from our yard.

2 men and 1 truck 110.00 per hour

5 men and 2 truck 215.00 per hour

3 men and 1 truck 130.00 per hour

6 men and 2 truck 250.00 per hour

4 men and 1 truck 165.00 per hour

5 men and 1 truck 200.00 per hour

6 men and 1 truck 235.00 per hour

3 men and 2 truck 145.00 per hour

4 men and 2 truck 180.00 per hour

**COMMODITIES TO BE TRANSPORTED AND AREA(S) TO BE SERVED**

Commodities to be Transported: (Check one)

☒ Household Goods, as defined in R103-210(1)☐ Hazardous Wastes, as defined in R103-210(2)**Requested Scope of Authority: Check all counties in which you are requesting permission to operate.**

You will only be allowed to operate in those counties checked below. You may request "Statewide" authority if you intend to operate in all counties in South Carolina.

- |                                     |                                       |                                     |                                     |   |
|-------------------------------------|---------------------------------------|-------------------------------------|-------------------------------------|---|
| <input type="checkbox"/> Abbeville  | <input type="checkbox"/> Cherokee     | <input type="checkbox"/> Florence   | <input type="checkbox"/> Lee        | <input type="checkbox"/> Saluda               |
| <input type="checkbox"/> Aiken      | <input type="checkbox"/> Chester      | <input type="checkbox"/> Georgetown | <input type="checkbox"/> Lexington  | <input type="checkbox"/> Spartanburg          |
| <input type="checkbox"/> Allendale  | <input type="checkbox"/> Chesterfield | <input type="checkbox"/> Greenville | <input type="checkbox"/> Marion     | <input type="checkbox"/> Sumter               |
| <input type="checkbox"/> Anderson   | <input type="checkbox"/> Clarendon    | <input type="checkbox"/> Greenwood  | <input type="checkbox"/> Marlboro   | <input type="checkbox"/> Union                |
| <input type="checkbox"/> Bamberg    | <input type="checkbox"/> Colleton     | <input type="checkbox"/> Hampton    | <input type="checkbox"/> McCormick  | <input type="checkbox"/> Williamsburg         |
| <input type="checkbox"/> Barnwell   | <input type="checkbox"/> Darlington   | <input type="checkbox"/> Horry      | <input type="checkbox"/> Newberry   | <input type="checkbox"/> York                 |
| <input type="checkbox"/> Beaufort   | <input type="checkbox"/> Dillon       | <input type="checkbox"/> Jasper     | <input type="checkbox"/> Oconee     |   |
| <input type="checkbox"/> Berkeley   | <input type="checkbox"/> Dorchester   | <input type="checkbox"/> Kershaw    | <input type="checkbox"/> Orangeburg | <input checked="" type="checkbox"/> Statewide |
| <input type="checkbox"/> Calhoun    | <input type="checkbox"/> Edgefield    | <input type="checkbox"/> Lancaster  | <input type="checkbox"/> Pickens    |   |
| <input type="checkbox"/> Charleston | <input type="checkbox"/> Fairfield    | <input type="checkbox"/> Laurens    | <input type="checkbox"/> Richland   |   |

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## DESCRIPTION OF EQUIPMENT

You are **not** required to own a vehicle to file an application. However, prior to the Commission hearing, you will be required to have obtained a vehicle.

[illegible]

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**INSURANCE QUOTE****This form MUST BE COMPLETED.**

The insurance quote must be complete, listing current insurance premiums. At the discretion of the Commission, a copy of current insurance policies may be required. Do not provide a copy of insurance policies unless requested. You will not be required to purchase insurance until your application has been approved and an order has been issued by the PSC. **THIS IS ONLY A QUOTE.**

The following insurance quote is for:

The Moving Squad

Name of Applicant

150 Drooping Leaf Dr Lexington, SC 29072

Address of Applicant

**Amount of Premium:****Limits Quoted: (See Below)**

Liability Insurance \$ 13,901.00

Limits 750,000 -

Cargo Insurance \$ 3,300.00

Limits 50,000 -

\* Attach Certificate of Insurance if available.

David Perry Agent Progressive Commercial & JSA

Name of Insurance Company

4586 Sunset Blvd Lexington, SC 29072

Home Office Address of Company

I, the Applicant, am familiar with the Commission's Rules and Regulations relating to insurance requirements and the above quote meets the minimum insurance limits prescribed. The insurance company making this quote is authorized by the South Carolina Department of Insurance to do business in South Carolina.

\* Form E and Form H Certificates of Insurance are required to be filed with the Office of Regulatory Staff (ORS). The schedule of minimum limits for Household Goods carriers are listed below:

Vehicle liability for vehicles less than 10,000 lbs. GVWR	\$ 500,000
Vehicle liability for vehicles 10,000 lbs. or more GVWR	\$ 750,000
Cargo - For loss of or damage to property carried on any one motor vehicle	\$ 2,500
For loss of or damage to or aggregate of losses or damages of or to property occurring at any one time and place	\$ 5,000

**NOTICE:**

If you wish to self-insure your motor vehicles for liability and property damage, you must comply with S.C. Code Ann. Sections 56-9-60 and 58-23-910. For more information, contact the Department of Motor Vehicles at (803) 896-8457 or (803) 896-9903.

If you wish to apply as a self-insured for worker's compensation coverage in South Carolina you may do so with the South Carolina Worker's Compensation Commission (WCC) provided that you will be able to: 1) post a surety bond or letter-of-credit with the WCC for a minimum of \$500,000, 2) agree to pay a yearly self-insurance tax, and 3) agree to pay an annual assessment to the South Carolina Second Injury Fund. For more information, contact the WCC Self-Insurance Division at (803) 737-5712 or on the web at [www.wcc.state.sc.us/self-insurance](http://www.wcc.state.sc.us/self-insurance).

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DAVID A PERRY & ASSOC  
4586 SUNSET BLVD  
LEXINGTON, SC 29072

No. 0941 P. 12

**PROGRESSIVE**  
COMMERCIAL

THE MOVING SQUAD LLC  
150 DROOPING LEAF DRIVE  
, SC 29072

Underwritten by:  
Progressive Northern Insurance Co  
January 24, 2019  
Policy Period: Feb 1, 2019 - Feb 1, 2020  
Page 1 of 2

Customer Phone number:

## Commercial Auto Insurance Quote

Thank you for contacting me about your auto insurance needs. I am pleased to provide you with a quote from Progressive Northern Insurance Co, a company that offers competitive rates and many outstanding services. Progressive gives you access to your policy information through [progressiveagent.com](http://progressiveagent.com), your customized Web site. Claims service is available 24 hours a day, 7 days a week by calling 1-800-274-4499.

### Policy information

Business type: Trucking For-Hire  
Sub business type: Household Movers

### Quote for 12 month policy period

If you pay your premium in full, you will receive a discount as shown.

Total policy premium	\$13,901.00
Paid in full discount	-2016.00
Policy premium if paid in full	\$11,885.00

### Payment plans

Payment Method: 10 payments

**Electronic Funds Transfer (EFT)** assures that your payment is on time. Each payment includes a \$5.00 installment fee.

Payment plan	Total premium	Initial payment	Payments
10 Payments, 20.0% Down	\$13,901.00	\$2,781.80	9 payments of \$1,240.47
6 Pay, Seasonal, 20.0% Down	\$13,901.00	\$2,781.80	5 payments of \$2,228.84
10 Payments, 25.0% Down	\$13,901.00	\$3,476.75	9 payments of \$1,163.25
4 Pay, Seasonal, 25.0% Down	\$13,901.00	\$3,476.75	3 payments of \$3,479.75

**Make payments by mail** or at [progressiveagent.com](http://progressiveagent.com). Each payment includes a \$12.00 installment fee.

Payment plan	Total premium	Initial payment	Payments
10 Payments, 20.0% Down	\$13,901.00	\$2,781.80	9 payments of \$1,247.47
6 Pay, Seasonal, 20.0% Down	\$13,901.00	\$2,781.80	5 payments of \$2,235.84
10 Payments, 25.0% Down	\$13,901.00	\$3,476.75	9 payments of \$1,170.25
4 Pay, Seasonal, 25.0% Down	\$13,901.00	\$3,476.75	3 payments of \$3,486.75
4 Pay, Quarterly, 25.0% Down	\$13,901.00	\$3,476.75	3 payments of \$3,486.75
1 Payment	\$11,885.00	\$11,885.00	None
2 Payments, 50.0% Down	\$13,901.00	\$6,951.50	1 payment of \$6,961.50



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THE MOVING SQUAD LLC

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**To purchase insurance**

Please review the information on your quote for accuracy; incomplete and inaccurate information could affect your rate. These rates are subject to verification of information. If you have any questions or would like to purchase a Progressive policy, please call me at 1-803-808-0532. Your coverage will begin once your initial payment has been received. Thanks again for the opportunity to work with you.

**Rated drivers**

Failure to accurately and completely report all driver information may result in premium differences and service delays.

Name	Age	Marital status	Points	Additional Information
MICHAEL NICHOLSON	45	Married	1	
TIM QUARLES	39	Married	0	

**Outline of coverage**

Description	Limits	Deductible	Premium
Liability To Others			\$13,438
Bodily Injury and Property Damage Liability	\$750,000 combined single limit		
Uninsured Motorist			254
Bodily Injury	\$750,000 combined single limit each accident		
Property Damage	(included in combined single limit)	\$200	
Underinsured Motorist			207
Bodily Injury	\$750,000 combined single limit each accident		
Property Damage	(included in combined single limit)	\$0	
<b>Subtotal policy premium</b>			<b>\$13,899</b>
South Carolina Uninsured Motorist Fund charge			2
<b>Total 12 month policy premium and fees</b>			<b>\$13,901</b>

**Auto coverage schedule**1. **2007 FRHT 16M**

VIN: 1FVACWDC27HX17759 Garaging Zip Code: 29072 Territory: 6 Radius: Unlimited miles

Personal use: N Body type: Straight Truck Use class: H

Liability Premium	Liability	UM	UIM	UM PD	UIM PD	Auto Total
	\$13438	\$162	\$192	\$92	\$15	<b>\$13,899</b>

Form QTE (05/08)

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No. 0941 P. 14-24/2019



**JACKSON SUMNER & ASSOCIATES**  
**Excess & Specialty Lines Broker**  
 www.jsausa.com

☒ New  
 Quote #: AU140968

☐ Renewal of:  
 Expiration Date:

Attn: Allison Hedrick

JSA Underwriter: Lindsey A. Sheets

Applicant: The Moving Squad LLC  
 150 Drooping Leaf Drive  
 Lexington SC 29072

Premium: \$ 3,300.00 (minimum & deposit)

If you would like to bind this quote, you can check one of the options below and fax/email this to us along with any signed forms needed.

☐ Bind this quote.

Desired Effective Date: \_\_\_\_\_

Agent Signature: \_\_\_\_\_

Company Quoted: Great American Insurance Company  
 AM Best Rating: A XIV

Certified Terrorism Coverage:  
 Premium: \$ 0

Quote expiration: ☒ 30 days  
☐

Motor Truck Cargo

Any One Unit: \$ 50,000  
 Any One Loss: \$ 50,000

Deductible: \$ 1,000  
 Refrigeration Breakdown Deductible: \$ N/A

Trailer Interchange:

Any One Unit: \$ N/A  
 Any One Loss: \$ N/A

Deductible: \$ N/A

Automobile Carriers:

Per Auto Limit: \$ N/A

Per Auto Deductible: \$ N/A  
 Per Load Deductible: \$ N/A

Units: 2007 Freightliner Box Truck VIN#1FVACWDC27HX17759

Number of Minor Violations: None  
 Number of Drivers: 2  
 Rate per Unit: \$3,300  
 Radius: 300 Miles or Less  
 Commodities: 100% Household Goods  
 Losses: None

Items needed prior to binding: 1.) Signed/Updated Great American MTC Application - Showing 50,000 Cargo Limit  
 2.) Written confirmation that the insured will not be hauling loads valued more than \$50,000.

Items needed if coverage is bound:

Comments: NOTE: Scheduled Unit Policy. Quote is subject to no Cargo Losses, Acceptable MVRs, and insured only hauling loads valued at no more than \$50,000.

Please let me know if you have any questions or if you would like to bind coverage. Thank you!  
 -Lindsey Sheets

Please review this quote carefully as it may not contain all requested coverages and limits. You have no authority to bind coverage. Coverage is not bound until a policy number is released by a JSA Underwriter. Other forms may apply if this coverage is bound. This is not a contract of insurance. The actual policy (if issued) may contain other forms not shown on this quote. Please review the actual policy (if issued) for all terms and conditions for which this quote is subject to for actual coverages contained therein.

Georgia • North Carolina • South Carolina • Tennessee • Virginia  
 Phone: 800-342-5572 Fax: 828-262-0754 PO Box 2540, Boone, NC 28607

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**Common Policy Forms (Mandatory):**

- |  |  |
|--|--|
| <input checked="" type="checkbox"/> 0790PIM-C (12/15) GAIG Policy Cover Page   | <input checked="" type="checkbox"/> CM0001 (09/04) Commercial Inland Marine Conditions   |
| <input checked="" type="checkbox"/> CM7600 (09/00) Inland Marine Coverage Part Dec Page  | <input checked="" type="checkbox"/> CM7676 (07/04) Motor Truck Cargo Dec (Carrier's Liability)   |
| <input checked="" type="checkbox"/> CM7677 (07/04) Motor Truck Cargo Coverage Form (Carrier's Liability)   | <input checked="" type="checkbox"/> CM8282 (03/09) Diminishing Deductible Endorsement for Loss-Free Experience                                       |
| <input checked="" type="checkbox"/> CM7686 (06/08) Scheduled Motor Vehicles Endorsement  | <input checked="" type="checkbox"/> IL0017 (11/98) Common Policy Conditions  |
| <input checked="" type="checkbox"/> CM8656 (11/18) Marijuana Exclusion   | <input checked="" type="checkbox"/> IL7268 (09/09) In Witness Clause   |
| <input checked="" type="checkbox"/> CM8801 (11/85) Forms and Endorsements Schedule   | <input checked="" type="checkbox"/> IL7324 (08/12) Economic and Trade Sanctions Clause   |
| <input checked="" type="checkbox"/> IL7001 (10/07) Policy Common Declarations  | <input checked="" type="checkbox"/> SDM329 (08/15) Excl. of Certain Computer Related Losses  |
| <input checked="" type="checkbox"/> IL7273 (08/08) Loss Prevention Services  | <input checked="" type="checkbox"/> SDM654 (09/07) Motor Truck Cargo Coverage Form Carrier's Liability - Bills of Lading and Other Written Contracts |
| <input checked="" type="checkbox"/> IL8801 (11/85) Forms and Endorsements Schedule   | <input checked="" type="checkbox"/> SDM991 (01/18) Notice of Policy Transfer to Affiliated Co  |
| <input checked="" type="checkbox"/> SDM654 (09/07) Motor Truck Cargo Coverage Form Carrier's Liability - Bills of Lading and Other Written Contracts |  |
| <input checked="" type="checkbox"/> SDM975 (01/18) Policyholder Notice Regarding Claims  |  |

**Cargo Forms (Optional):**

- |   |   |
|---|---|
| <input type="checkbox"/> BMC32 (05/09) Endorsement for Motor Common Carrier Policies of Insurance for Cargo Liability under Section 215 | <input type="checkbox"/> CM7682 (07/04) Specified Cause of Loss Endorsement                     |
| <input type="checkbox"/> CM7681 (07/04) Spoilage or Freezing Endorsement  | <input checked="" type="checkbox"/> CM8328 (10/10) Household Goods/Furniture Movers Endorsement |
| <input type="checkbox"/> CM7717 (07/04) Owners Goods Extension Endorsement  | <input type="checkbox"/> CM7933 (07/04) Coinsurance Endorsement                                 |
| <input type="checkbox"/> CM7932 (06/06) Driver Exclusion  | <input type="checkbox"/> CM7938 (07/04) Non-Owned Container & Trailer Interchange Coverage      |
| <input type="checkbox"/> CM7932 (07/04) Driver Exclusion (VA)   | <input type="checkbox"/> CM8152 (08/05) Mobile Home Movers Endorsement                          |
| <input type="checkbox"/> CM7936 (07/04) Pollutant Clean Up & Removal  | <input type="checkbox"/> CM8802 (11/85) Seafood Exclusion Endorsement                           |
| <input type="checkbox"/> CM8112 (06/10) Automobile Carriers Endorsement   | <input type="checkbox"/> CM8802 (11/85) Trash Hauler Endorsement                                |
| <input type="checkbox"/> CM8113 (12/08) Detached Trailer Theft Exclusion  |   |
| <input type="checkbox"/> CM8274 (06/08) Motor Truck Cargo Additional Coverage Plus Endorsement  |   |
| <input type="checkbox"/> CM8603 (01/16) Theft from "Unattended" Vehicle Excl.   |   |
| <input type="checkbox"/> CM8802 (11/85) Theft from "Unattended" Vehicle Excl. (GA)  |   |
| <input type="checkbox"/> MC2444 (04/68) Form I - Uniform Motor Carrier Cargo Insurance Endorsement                                      |   |
| <input type="checkbox"/>  |   |
| <input type="checkbox"/>  |   |

Additional Comments:

**Terrorism Forms (TRIA):**

- IL0952 (01/15) Cap on Losses from Certified Acts of Terrorism  
 IL7368 (04/15) Disclosure Pursuant to Terrorism Risk Insurance Act

**State Forms:**

- GA-All Policies:** CM0142 (03/13) Georgia Changes  
 IL0262 (02/15) Georgia Changes - Cancellation & Nonrenewal  
 IL0935 (07/12) Exclusion of Certain Computer-Related Losses
- NC-All Policies:** CM0103 (02/14) North Carolina Changes  
 IL0269 (09/08) North Carolina Changes - Cancellation & Nonrenewal  
 IL0935 (07/12) Exclusion of Certain Computer-Related Losses  
 SDM639 (04/07) Flood, Mudslide, Mudflow and Landslide Losses Not Covered Advisory Notice to Policyholders  
 SDM640 (04/07) Earthquake and Landslide Losses Not Covered Advisory Notice to Policyholders
- SC-All Policies:** CM0122 (09/00) South Carolina Changes - Legal Action Against Us  
 IL0249 (09/08) South Carolina Changes - Cancellation & Nonrenewal  
 IL0935 (07/12) Exclusion of Certain Computer-Related Losses
- TN-All Policies:** IL0250 (09/08) Tennessee Changes - Cancellation & Nonrenewal  
 IL0935 (07/12) Exclusion of Certain Computer-Related Losses
- VA-All Policies:** CM0124 (09/00) Exclusion of Certain Computer-Related Losses - Virginia  
 IL0106 (04/15) Virginia Changes - Appraisal  
 IL0212 (01/12) Virginia Changes  
 SDM295 (11/16) Important Information to Virginia Policyholders

Please review this quote carefully as it may not contain all requested coverages and limits. You have no authority to bind coverage. Coverage is not bound until a policy number is released by a JSA Underwriter. Other forms may apply if this coverage is bound. This is not a contract of insurance. The actual policy (if issued) may contain other forms not shown on this quote. Please review the actual policy (if issued) for all terms and conditions for which this quote is subject to for actual coverages contained therein.

Georgia • North Carolina • South Carolina • Tennessee • Virginia

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**Exhibit Fit, Willing, and Able (FWA)**

---

The Moving Squad  
Name

---

1. Does Applicant have a Safety Rating from the U.S.D.O.T.?

- ☐ Yes ☒ No ☐ Pending (Submit when received.)

If Yes, indicate rating below and provide copy.

- ☐ Satisfactory ☐ Conditional ☐ Unsatisfactory

2. Have any of Applicant's drivers or vehicles been placed "out of service" by Transport Police safety officers in the past twelve (12) months?

- ☐ Yes ☒ No

3. Are there currently any outstanding judgment(s) against the Applicant?

- ☐ Yes ☒ No

If "Yes", list judgements here:

4. Is Applicant familiar with all statutes and regulations, including safety regulations and workers' compensation laws that govern for-hire motor carrier operations in South Carolina, and does Applicant agree to operate in compliance with these statutes and regulations?

- ☒ Yes ☐ No

5. Is Applicant aware of the Commission's insurance requirements and the insurance premium costs associated therewith? (The Insurance Quote on Page 6 must be completed, listing current insurance premiums.)

- ☒ Yes ☐ No

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PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA  
101 EXECUTIVE CENTER DRIVE, SUITE 100  
COLUMBIA, SOUTH CAROLINA 29210

Applicant is familiar with the provision of S.C. Code Ann. §58-23-10, et seq.(1976), and amendments thereto, and R.103-100 through R.103-241 of the Commission's Rules and Regulations for Motor Carriers (Volume 10, S.C. Code Ann. Regs., 1976), and R.38-400 through R.38-503 of the Department of Public Safety's Rules and Regulations for Motor Carriers (Volume 2, S.C. Code Ann., 1976) and amendments thereto, and hereby promises compliance therewith.

S.C. Code Ann. Section 58-3-250 states, in part, that every final order of the Commission must be served by electronic service, registered or certified mail, upon the parties to the proceeding or their attorneys.

Please check the applicable box:

- ☒ The Applicant AGREES to receive future Commission orders related to the Applicant's authority in South Carolina through the Commission's eService System. The Applicant authorizes the Commission to serve its orders by using the e-mail address as it appears on page one of this Application. To sign up for eService notifications, please visit [www.psc.sc.gov](http://www.psc.sc.gov) to create a My DMS account.
- ☐ The Applicant DOES NOT AGREE to receive future Commission orders related to the Applicant's authority in South Carolina through the Commission's eService System.

The Applicant believes that there is a need for its company's services in the proposed service area.

The Applicant understands that this completed Application serves as prefiled testimony for the Applicant for hearing purposes.

The Applicant for the Certificate of Public Convenience and Necessity as set forth in the foregoing, swear or affirm that all statements contained in the above application are true and correct.

  
Applicant's Signature

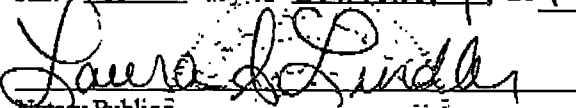
Co-owner  
Title of Applicant (e.g. President, Owner, etc.)

STATE OF SOUTH CAROLINA )

COUNTY OF Lexington )

SWORN TO BEFORE ME

This 30 day of January, 2019

  
Notary Public

Commission Expires

3/6/2022

Jan. 30. 2019 4:27PM

No. 0941 P. 2

# *The State of South Carolina*



## *Office of Secretary of State Mark Hammond*

### **Certificate of Existence**

**I, Mark Hammond, Secretary of State of South Carolina Hereby Certify that:**

The Moving Squad LLC, a limited liability company duly organized under the laws of the State of South Carolina on December 7th, 2018, with a duration that is at will, has as of this date filed all reports due this office, paid all fees, taxes and penalties owed to the State, that the Secretary of State has not mailed notice to the company that it is subject to being dissolved by administrative action pursuant to S.C. Code Ann. §33-44-809, and that the company has not filed articles of termination as of the date hereof.

Given under my Hand and the Great Seal  
of the State of South Carolina this 8th day  
of January, 2019.

A handwritten signature of Mark Hammond in black ink.  
Mark Hammond, Secretary of State

Jan. 30. 2019 4:27PM  
 CERTIFIED TO BE A TRUE AND CORRECT COPY  
 AS TAKEN FROM AND COMPARED WITH THE  
 ORIGINAL ON FILE IN THIS OFFICE

No. 0941 P. 3  
 Filing ID: 181207-0905221

Filing Date: 12/07/2018

Jan 08 2019  
 REFERENCE ID: 267845

STATE OF SOUTH CAROLINA  
 SECRETARY OF STATE

*Mark Hammond*  
 SECRETARY OF STATE OF SOUTH CAROLINA

ARTICLES OF ORGANIZATION  
 Limited Liability Company – Domestic

The undersigned delivers the following articles of organization to form a South Carolina limited liability company pursuant to S.C. Code of Laws Section 33-44-202 and Section 33-44-203.

1. The name of the limited liability company (Company ending must be included in name\*)

The Moving Squad LLC

\*Note: The name of the limited liability company must contain one of the following endings: "limited liability company" or "limited company" or the abbreviation "LLC", "LLC", "LC", "LC", or "Ltd. Co."

2. The address of the initial designated office of the limited liability company in South Carolina is  
 142 Fredricksburg Way

(Street Address)

Columbia, South Carolina 29210

(City, State, Zip Code)

3. The initial agent for service of process is

Michael Nicholson

(Name)

(Signature of Agent)

And the street address in South Carolina for this initial agent for service of process is:  
 142 Fredricksburg Way

(Street Address)

Columbia

South Carolina 29210

(City)

(Zip Code)

4. List the name and address of each organizer. Only one organizer is required, but you may have more than one.

(a)

Cheyenne Moseley

(Name)

101 N. Brand Blvd., 11th Floor

(Street Address)

Glendale, California 91203

(City, State, Zip Code)

Jan. 30. 2019 4:27PM  
 CERTIFIED TO BE A TRUE AND CORRECT COPY  
 AS TAKEN FROM AND COMPARED WITH THE  
 ORIGINAL ON FILE IN THIS OFFICE

No. 0941 P. 4

Jan 08 2019  
 REFERENCE ID: 267845

*Mark Hammond*  
 SECRETARY OF STATE OF SOUTH CAROLINA

The Moving Squad LLC

Name of Limited Liability Company

(b)

(Name)

(Street Address)

(City, State, Zip Code)

5. ☐ Check this box only if the company is to be a term company. If the company is a term company, provide the term specified. \_\_\_\_\_
6. ☐ Check this box only if management of the limited liability company is vested in a manager or managers. If this company is to be managed by managers, include the name and address of each initial manager.

(a)

(Name)

(Street Address)

(City, State, Zip Code)

(b)

(Name)

(Street Address)

(City, State, Zip Code)

7. ☐ Check this box only if one or more of the members of the company are to be liable for its debts and obligations under Section 33-44-303(c). If one or more members are so liable, specify which members, and for which debts, obligations or liabilities such members are liable in their capacity as members. This provision is optional and does not have to be completed.

8. Unless a delayed effective date is specified, these articles will be effective when endorsed for filing by the Secretary of State. Specify any delayed effective date and time \_\_\_\_\_



Jan. 30. 2019 4:27PM  
 CERTIFIED TO BE A TRUE AND CORRECT COPY  
 AS TAKEN FROM AND COMPARED WITH THE  
 ORIGINAL ON FILE IN THIS OFFICE

Jan 08 2019  
 REFERENCE ID: 267845

*Mark Hammond*  
 SECRETARY OF STATE OF SOUTH CAROLINA

The Moving Squad LLC

Name of Limited Liability Company

9. Any other provisions not consistent with law which the organizers determine to include, including any provisions that are required or are permitted to be set forth in the limited liability company operating agreement may be included on a separate attachment. Please make reference to this section if you include a separate attachment.

10. Each organizer listed under number 4 must sign.

Cheyenne Moseley

Signature of Organizer

Date: 12/07/2018

Signature of Organizer

Date: \_\_\_\_\_